

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
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## U.S. UTILITY Patent Application

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| O.I.P.E.                             | PATENT DATE |
| HKM<br>SCANNED <b>154</b> Q.A. _____ |             |

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|-----------------|------------|-------|----------|----------|--------------------|
| APPLICATION NO. | CONT/PRIOR | CLASS | SUBCLASS | ART UNIT | EXAMINER           |
| 09/837388       | F          | 215   |          | 280      | 12/2009<br>12/2009 |

## APPLICANTS

**TITLE**

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PTO-2040  
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| <b>ISSUING CLASSIFICATION</b>       |  |                 |                           |  |  |  |  |  |  |
|-------------------------------------|--|-----------------|---------------------------|--|--|--|--|--|--|
| <b>ORIGINAL</b>                     |  |                 | <b>CROSS REFERENCE(S)</b> |  |  |  |  |  |  |
| <b>CLASS</b>                        |  | <b>SUBCLASS</b> | <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |  |  |  |  |  |
|                                     |  |                 |                           |  |  |  |  |  |  |
| <b>INTERNATIONAL CLASSIFICATION</b> |  |                 |                           |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>   |             | <b>CLAIMS ALLOWED</b>             |              |
|  | Sheets Drwg.  | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.   | _____<br>(Assistant Examiner)                      (Date)         |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|  | _____<br>(Primary Examiner)                      (Date)           |             | <b>ISSUE FEE</b>                  |              |
|  |   |             | Amount Due                        | Date Paid    |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br>_____<br>_____  |   |             |                                   |              |
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